The Panel shall monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President.

Any delays or blockages in the rapid execution of the Program shall immediately be brought to the attention of the President.

Authority: 42 U.S.C. 285a-4; Sec. 415 of the Public Health Service Act, as amended
Barbara K. Rimer, DrPH  
*Univ. of North Carolina at Chapel Hill*

Hill Harper, JD  
*Cancer Survivor, Actor, and Best-Selling Author*

Owen N. Witte, MD  
*University of California Los Angeles*
2012-2013 Report to the President
UPDATE: Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer

2014-2015 Series
Connected Health: Improving Patients’ Engagement and Activation for Cancer-Related Health Outcomes

2016 Series
Rising Costs of and Access to Cancer Care (working title)
Accelerating HPV Vaccine Uptake:
Urgency for Action to Prevent Cancer

Human papillomaviruses (HPV) cause most cases of cervical cancer and large proportions of vaginal, vulvar, anal, penile, and oropharyngeal cancers. HPV also causes genital warts and recurrent respiratory papillomatosis. HPV vaccines could dramatically reduce the incidence of HPV-associated cancers and other conditions among both females and males, but uptake of the vaccines has fallen short of target levels. The President’s Cancer Panel finds underuse of HPV vaccines a serious but correctable threat to progress against cancer. In this report, the Panel presents four goals to increase HPV vaccine uptake: three of these focus on the United States and the fourth addresses ways the United States can help to increase global uptake of the vaccines. Several high-priority research questions related to HPV and HPV vaccines also are identified.

Click below to read more.

HOW TO ACCELERATE HPV VACCINE UPTAKE IN THE U.S.

- Increase global HPV vaccination
- Conduct high-priority research
- Maximize access to HPV vaccination services
- Increase parents’, caregivers’, and adolescents’ acceptance of HPV vaccines
- Reduce missed clinical opportunities to recommend and administer vaccines
With support from the ACS and CDC, a national coalition of public, private, and voluntary organizations is collaborating to increase HPV vaccination coverage.

**UPDATE:** RFP for first pilot underway

“Identify the factors to success and the challenges impeding the development and implementation of an HPV Immunization Neighborhood.”
Keynote address on PCP’s report was well attended and received by conference participants.
Research on the HPV Vaccine: Update from NCI

Intramural

- Proposed trial on single dose (direct evaluation of 2- and 1-dose regimens) is responsive to PCP recommendation to safely reduce number of doses.
- Dr. Aimée Kreimer will update the NCAB on these activities later today.
Extramural

Cancer Center grant supplements were awarded to gather local data on vaccine uptake, barriers, needs, and collaborators.

- 18 NCI-Designated Cancer Centers were funded.
- Summit hosted by MD Anderson for centers to report progress
- Report on findings will be released early 2016.
Connected Health: Improving Patients’ Engagement and Activation for Cancer-Related Health Outcomes
Series Overview

Identifying the Opportunity

- Planning meeting San Diego, 6/2014
  *Cancer Communication in the Digital Era: Opportunities & Challenges*

- 1st focused workshop: Boston, 12/2014
  *Engaging Patients with Connected Health Technologies*

- 2nd focused workshop: San Francisco, 3/2015
  *The Personal Health Data Revolution, Connected Health, and Cancer*

- 3rd focused workshop: Chicago, 7/2015
  *The Connected Cancer Patient: Vision for the Future and Recommendations for Action*
Cancer is a “charismatic species” for healthcare (Berwick)

Need uniform open-source interface for patient & provider access to EHRs (Mandl)

Enable collaboration between stakeholders (Tinianov)

Focus on patient engagement (Frydman)

Provide broadband access to rural and underserved areas (Gibbons)

Consider patient reported outcomes for clinical care and research (Basch)
Workshop Co-Chairs

David K. Ahern, PhD
- Director, Program in Behavioral Informatics and eHealth, Brigham and Women’s Hospital
- Special Advisor, Division of Cancer Control and Population Sciences, National Cancer Institute

Bradford W. Hesse, PhD
- Chief, Health Communication and Informatics Research Branch, Division of Cancer Control and Population Sciences, National Cancer Institute
Stacey Vura Tinianov
breast cancer patient

Corrie Painter, PhD
angiosarcoma patient

Janet Freeman-Daily, Eng
lung cancer patient
Chat 2--The Connected Cancer Patient: Future Vision and Recommendations

#hcldr tweetchat
July 7, 2015

- **T1** What are critical unmet health care needs among patients and families that could be addressed with connected health approaches?

- **T2** How could connected health approaches promote patient activation & engagement, particularly in cancer?

- **T3** How can engaged patient communities be encouraged to contribute to health system reform? How might their role be formalized?

- **T4** What communication tools would help patients be more engaged in their care?
**Connected Health Priorities for Patients**

- Full access of individuals to their data
- EHR interoperability across silos
- EHR follows patients
- Patients choose how/when/with whom to share data
- Cost and outcome transparency

- Devices readily connect patients & caregivers to online communities.
- Full data access
- Integrate data with EHRs
- Device-based surveys & trial participation

- “What matters to you?”
- Leverage online communities
- Support health literacy
- Coordinate acute and chronic care
- Easily identify & contact appropriate clinical trials

- Connectivity for rural & offline populations
- Open access research
- Engaged patients included in policymaking and trial design
- Big data analysis of outliers & similar cases
- Standardized terms
2014-2015 Report Timeline

In the process of...

Conversations with stakeholders
- Office of the National Coordinator for Health Information Technology
- Federal Communications Commission

Conducting additional research and writing report to President

Report release slated for first half of 2016
2016 Series

Rising Costs of and Access to Cancer Care
(working title)
High Drug Prices in the News

Drug Goes From $13.50 a Tablet to $750, Overnight

By ANDREW POLLACK  SEPTEMBER 20, 2015

September 25, 2015 | 5:17 PM | Richard Knox

U.S. lawmakers step up drug-pricing probes, add Valeant pharmacy to their target list

Cancer Drug Mark-Ups: Year Of Gleevec Costs $159 To Make But Sells For $106K

Cancer Society Asks Regulators To Limit Insurers’ Charges For Key Drugs

November 19, 2015 · 10:41 AM ET

Obama Administration Plans Forum on High Drug Prices

By ROBERT PEAK  NOV. 3, 2015

FOR IMMEDIATE RELEASE

November 3, 2015

HHS Announces Forum on Pharmaceutical Innovation, Access, Affordability and Better Health

Related: U.S., HEALTH, DRUG PRICING

US | Tue Sep 22, 2015 3:15pm EDT

Exclusive: Americans overpaying hugely for cancer drugs - study

BY BEN HIRSCHLER
Costs of Cancer Care Unsustainable

- Cancer care is one of the fastest-growing sectors of health care costs (ASCO, 2015).
- U.S. cost of cancer care was an estimated $125 billion in 2010 and is projected to reach $173 billion in 2020, a 39% increase over a decade (Mariotto AB et al., 2011).
- Over 15 years, the average price of new cancer drugs increased 5-10-fold to more than $100,000 per year in 2012 (Tefferi A et al., 2015).
- In 2014, all new FDA-approved cancer drugs were priced above $120,000 per year of use (Tefferi A et al., 2015).
- Nonelderly adults with cancer are significantly more likely to have high out-of-pocket burdens compared with other chronically ill and well patients (Bernard D et al., 2011). Even an insured patient could pay as much as $30,000/year co-insurance for a $100,000/year drug, more than half the average yearly U.S. household income (Tefferi A et al., 2015).
In early spring 2016…

The Panel will bring together thought leaders for a planning workshop to discuss these urgent issues and frame a series to explore potential solutions to the rising costs of cancer care.
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